

HIV/AIDS in Gauteng

An Assessment of Knowledge and Attitudes

A report on the analysis and interpretation of data

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INTRODUCTION

In the second half of 2000, the Research Unit of the Gauteng Department of Social Services and Population Development, Directorate: Strategic Policy and Planning conducted a survey on knowledge of, and attitudes towards, HIV/AIDS in Gauteng. The survey formed a part of the Department's Social Services Awareness Month, and was aimed at assessing the levels of knowledge about HIV/AIDS in the province, as well as attitudes towards the care of people living with HIV/AIDS. The Department commissioned the Community Agency for Social Enquiry (C A S E) to analyse the data from the survey using SPSS, a statistical package, and write up the main findings.

Social Services Awareness Activities were held in communities throughout Gauteng, and ten of these communities were targeted by the Department for the survey: Bronkhorstspuit, Devon, Diepsloot, Dukatole, Langaville, Lanseria, Ratanda, Rooiport, Sicelo and Zevenfontein. A short structured interview was conducted with the participants at each of these activities.

Bronkhorstspuit	215
Langaville	209
Diepsloot	195
Lanseria	184
Rooiport	148
Sicelo	147
Devon	97
Dukatole	82
Zevenfontein	75
Ratanda	43
Total	1395

Table 1: Number of respondents at each site

Because of this method of selecting respondents (simply speaking to as many of the people as possible who had chosen to come to the activities), the results from the survey should not be considered to be representative of the ten areas, nor should they be seen to represent the views of the Gauteng population as a whole. Under no circumstances can the findings from the survey be extrapolated to represent the views of any group other than those particular groups of people who attended those workshops. The sample represents a particular kind of person – for example, people who had an interest in the issues discussed at the workshop and chose to attend, or people who were available at the particular time of the workshop. The sample excludes people who are confined to their homes, were at school or work at the time, as well as those who have no interest in or knowledge of the issues discussed during these activities.

DEMOGRAPHICS

This section will briefly describe the basic characteristics of the respondents.

Area	N	%
Bronkhorstspuit	215	15%
Langaville	209	15%
Diepsloot	195	14%
Lanseria	184	13%
Rooiport	148	11%
Sicelo	147	11%
Devon	97	7%
Dukatole	82	6%
Zevenfontein	75	5%
Ratanda	43	3%
Total	1395	100%

Table 2: Respondents, by area

Almost 60% of the respondents came from Bronkhorstspuit, Langaville, Diepsloot and Lanseria.

Age

Age (years)	N	%
12-17	177	13%
18-23	359	26%
24-29	289	21%
30-35	155	11%
36-41	143	10%
42-50	142	10%
51-60	55	4%
60+	70	5%
Total	1390	100%

Table 3: Respondents by age

The majority of respondents were younger than 29, with the bulk of these falling in the 18-23 age category. Less than one in ten respondents were older than 51.

	12-17	18-23	24-35	36-50	51+	Total	N
Bronkhorstspuit	26%	28%	23%	17%	7%	100%	213
Langaville	9%	20%	40%	26%	5%	100%	209
Diepsloot	9%	36%	32%	19%	4%	100%	195
Lanseria	21%	32%	23%	16%	8%	100%	183
Rooiport	18%	20%	26%	21%	15%	100%	148
Sicelo	5%	28%	37%	19%	12%	100%	147
Devon	2%	10%	34%	29%	24%	100%	96
Dukatole	2%	22%	50%	21%	5%	100%	82
Zevenfontein	5%	24%	45%	20%	5%	100%	74
Ratanda	14%	30%	21%	21%	14%	100%	43
All¹	13%	26%	32%	21%	9%	100%	1390

Table 4: Respondents, by age and area

The most significant deviations in the age distribution by area are:

- Respondents from Bronkhorstspuit and Lanseria were relatively² young – more than 50% were younger than 23.
- Respondents from Devon were relatively old – 53% were older than 36.

Gender

Gender	N	%
Female	892	64%
Male	494	36%
Total	1386	100%

Table 5: Respondents, by gender

There were almost twice as many female than male respondents.

¹ Throughout the report, 'All' refers to the appropriate figure for *all* of the categories mentioned. For example, in Table 4, 'All' refers to the proportion of respondents in each age group across *all of the areas* combined.

² Relative to the overall age distribution.

Area	Gender		N
	Female	Male	
Bronkhorstspuit	59%	41%	211
Langaville	73%	27%	209
Diepsloot	63%	37%	194
Lanseria	67%	33%	183
Rooiport	60%	40%	148
Sicelo	62%	38%	146
Devon	71%	29%	97
Dukatole	72%	28%	82
Zevenfontein	53%	47%	74
Ratanda	57%	43%	42
All	64%	36%	1386

Table 6: Respondents, by gender and area

The most significant deviations by gender were:

- Respondents in Langaville were more likely to be female.
- Respondents in Zevenfontein were more likely to be male.

	16-19	18-23	24-35	36-50	51 +	Total	N
Female	12%	23%	34%	23%	8%	100%	892
Male	14%	30%	28%	17%	11%	100%	491
All	13%	26%	32%	21%	9%	100%	1383

Table 7: Respondents, by gender and age

Female respondents were generally older than their male counterparts – 65% of females were older than 24 compared to only 56% of male respondents.

Education

Education	N	%
No schooling	217	16%
Sub A – Std 2	107	8%
Std 3-5	227	16%
Std 6-8	483	35%
Std 9-10	305	22%
Tertiary+	43	3%
Total	1382	100%

Table 8: Respondents, by education

The categories chosen in the questionnaire unfortunately do not make it possible to isolate those respondents who had not achieved a matriculation certificate. However, the majority of respondents (75%) had not passed Standard 9 (Grade 11) and only 3% had obtained some post-matriculation qualification.

	None	Primary	Std 6-8	Std 9 +	Total	N
Female	17%	26%	33%	24%	100%	888
Male	14%	20%	39%	27%	100%	487
All	16%	24%	35%	25%	100%	1375

Table 9: Respondents, by gender and education

Male respondents were significantly better educated than their female counterparts – 43% of females had at most a primary level qualification, compared to only 34% of males.

	None	Primary	Std 6-8	Std 9+	Total	N
Langaville	11%	24%	40%	25%	100%	209
Ratanda	21%	23%	19%	37%	100%	43
Diepsloot	6%	21%	40%	33%	100%	195
Zevenfontein	10%	18%	41%	32%	100%	74
Dukatole	11%	22%	54%	13%	100%	82
Bronkhorstspuit	18%	16%	35%	31%	100%	203
Devon	31%	26%	19%	25%	100%	97
Rooiport	15%	35%	28%	22%	100%	148
Sicelo	23%	35%	27%	15%	100%	147
Lanseria	19%	22%	39%	21%	100%	184
All	16%	24%	35%	25%	100%	1382

Table 10: Respondents, by area and education

Respondents from Devon and Sicelo had relatively low levels of education.

KNOWLEDGE OF HIV/AIDS

Awareness

Area	%
Bronkhorstspuit	90%
Devon	98%
Diepsloot	91%
Dukatole	98%
Langaville	95%
Lanseria	84%
Ratanda	91%
Rooiport	95%
Sicelo	93%
Zevenfontein	92%
Total	92%

Table 11: Proportion of respondents who know about HIV/AIDS, by area

The large majority (92%) of respondents said that they knew about HIV/AIDS, although it is not clear how extensive or accurate this knowledge is.

- While in all areas more than four fifths of respondents were aware of HIV/AIDS, this was significantly more likely in Devon (98%) and significantly less likely in Lanseria (84%).
- Women (93%) were significantly more likely than men (89%) to say they knew about HIV/AIDS.
- Respondents with no formal education were significantly less likely to know about HIV/AIDS (85%) than those with higher levels of education.

Age	%
12-17	89%
18-23	91%
24-35	93%
36-50	94%
51 and older	89%
All	92%

Table 12: Proportion of respondents who know about HIV/AIDS, by age

- Surprisingly, age had no significant impact on knowledge levels about HIV/AIDS.

Sources of information

Information source	%
Media	69%
Brochures/pamphlets	9%
Contact with HIV/AIDS positive people	3%
Working with HIV/AIDS positive people	1%
Other source of information	22%

Table 13: What has been your most important source of information about HIV/AIDS?³

Media (TV, radio, newspapers etc) appears to be the most important source of information about HIV/AIDS for the majority (69%) of respondents, although some of them also gained knowledge by personal interaction with HIV/AIDS sufferers.

- While the media was considered to be the most important source of information in all areas, this response was significantly more likely in Devon (78%) and Bronkhorstspuit (77%), and significantly less likely in Lanseria (58%) and Ratanda (47%). This might reflect different degrees of media access in these areas.

Age	%
12-17	56%
18-23	65%
24-35	73%
36-50	77%
51 and older	67%
All	69%

Table 14: Proportion of respondents who see the media as a good source of information, by age

- Respondents between the ages of 24 and 35 (73%), and 36-50 (77%) were also significantly more likely to name media as the most important source of information.
- In comparison, only just over half (56%) of respondents younger than 18 said they had learned most about HIV/AIDS from the media.

Other source	%
Clinic/doctor/nurse	53%
Friends/family/community	27%
School	20%
Total	100%

Table 15: Other sources of information (N=328)

³ Multiple response question.

Twenty-two percent of respondents in the survey also mentioned other sources of information which had helped them to understand more about HIV/AIDS, the most important of which was medical services.

- Respondents in Sicelo (73%) and Langaville (72%) were significantly more likely to name medical services as a good source of information, while in Ratanda (79%) and Rooiport (44%) friends or family were significantly more likely to be mentioned. Respondents from Bronkhorstspuit (46%) and Lanseria (39%) were significantly more likely than other respondents to mention school as a source of information about HIV/AIDS.
- Female respondents (61%) were almost twice as likely as men (35%) to consider medical services a good source of information, while men were significantly more likely than women to rely on friends and family (36%, women 23%) or school (30%, women 16%).
- Respondents without formal education were particularly likely to receive information about HIV/AIDS from friends and family (46%), while those with Standard 6 or higher were more likely to mention school (27%) as a place where they had learned about HIV/AIDS.

Age	Clinic/ doctor/ nurse	School	Friends/ family	Total
12-17	29%	61%	10%	100%
18-23	48%	30%	22%	100%
24-35	67%	6%	27%	100%
36-50	62%	2%	36%	100%
51 and older	48%	0%	52%	100%
All	53%	20%	27%	100%

Table 16: Other sources of information, by age

- Sixty-one percent of respondents below the age of 18 and 30% of those between the ages of 18 and 23 named school as an important source of information. Respondents between 24 and 35 were significantly more likely to mention medical services (67%), while more than half (52%) of the respondents over 50 said they received information from friends and family.
- As a proportion of the entire sample, medical services as a source of information represent 12%, friends/family 6% and school 5%.

Use of information

	%
I spoke to my children/family	36%
I began to use a condom	27%
I passed on the information to somebody else	27%
I changed my sexual behaviour	10%
Total	100%

Table 17: What did you do after receiving information about HIV/AIDS?

More than a third (36%) of the respondents said that they spoke to their children or family after learning about HIV/AIDS, presumably to share this newly acquired knowledge.

- Respondents in Devon (53%), Dukatole (51%) and Sicelo (47%) were significantly more likely to have spoken to their families about HIV/AIDS, while respondents in Lanseria (26%) and Bronkhorstspuit (28%) were much less likely to have done this. However, this is probably linked to different types of respondents living in these areas.
- Women (41%) were considerably more likely than men (28%) to have spoken to their children or family about HIV/AIDS, which might reflect that it is generally seen to be the woman's responsibility to look after the well-being of her children.
- There was also an inverse correlation with education, i.e. respondents with no formal education were significantly more likely to say they had spoken to their children or family (47%) than those with standard 9 or higher (41%). However, this might simply reflect that respondents without education tend to be older and are more likely to have children.

Age	%
12-17	26%
18-23	23%
24-35	34%
36-50	54%
51 and older	59%
All	37%

Table 18: Proportion of respondents who spoke to children/family, by age

- Younger respondents (12-17 years 26%, 18-23 years 23%) were significantly less likely to have talked to somebody in their family about HIV/AIDS than older ones (36-50 years 54%, 51+ years 59%). This might reflect that older respondents are more likely to be parents who are concerned about the welfare of their children, while young respondents might find it more difficult to discuss issues of sexual health with their families.

Age	%
12-17	40%
18-23	28%
24-35	25%
36-50	24%
51 and older	16%
All	27%

Table 19: Proportion of respondents who passed on the information to somebody else, by age

- Respondents younger than 18 were significantly more likely to say they had passed on the information to somebody outside the family (40%), especially compared to respondents over the age of 50 years (16%).

- Respondents who passed on the information to non-family were most likely to speak to their friends or partner about HIV/AIDS.

Age	%
12-17	7%
18-23	11%
24-35	13%
36-50	8%
51 and older	3%
All	10%

Table 20: Proportion of respondents who changed their sexual behaviour, by age

Only 10% of the respondents said that they changed their sexual behaviour after learning about HIV/AIDS, however, some respondents might not have been clear about the meaning of the question.

- Respondents between the ages of 18 and 35 were significantly more likely to say they now behaved differently when it came to sexual relations, while respondents over the age of 36 were significantly less likely to say this.

Age	%
12-17	25%
18-23	37%
24-35	35%
36-50	17%
51 and older	2%
All	28%

Table 21: Proportion of respondents who began to use a condom, by age

Although only 10% of respondents said they had changed their sexual behaviour after learning about HIV/AIDS, 28% nevertheless claimed they had started using condoms since then.

- More than a third of respondents between the ages of 18-35 said that they had started using a condom after learning about HIV/AIDS.
- Respondents older than 36 were significantly less likely to have started using condoms, but this might be due to the greater likelihood of stable monogamous relationships or sexual inactivity.
- One percent of all respondents had taken an HIV/AIDS test after learning about the disease.

Awareness of HIV/AIDS sufferers

Area	%
Bronkhorstspuit	10%
Devon	13%
Diepsloot	22%
Dukatole	17%
Langaville	30%
Lanseria	19%
Ratanda	61%
Rooiport	21%
Sicelo	15%
Zevenfontein	24%
All	20%

Table 22: Proportion of respondents aware of HIV/AIDS sufferers in the community, by area

Twenty percent of respondents in the survey said that they knew of somebody in their community who suffered from HIV/AIDS.

- This response was particularly likely in Ratanda (61%) and Langaville (30%), but significantly less likely in Bronkhorstspuit (10%). Responses might reflect different infection rates in these areas, but could also be due to different levels of awareness.

Education	%
None	13%
Primary	18%
Std 6-8	21%
Std 9 or higher	27%
All	20%

Table 23: Proportion of respondents aware of HIV/AIDS sufferers in the community, by education

- The survey also found a correlation with education, i.e. respondents with higher levels of education were more aware of people with HIV/AIDS in their communities than those with low levels. This supports the theory that responses to this question were influenced by awareness rather than prevalence of the disease.

Age	%
12-17	15%
18-23	20%
24-35	22%
36-50	22%
51 and older	19%
All	20%

Table 24: Proportion of respondents aware of HIV/AIDS sufferers in the community, by age

- The gender and age of the respondents did not have any influence on responses to this question.

Awareness of AIDS orphans

Area	%
Bronkhorstspuit	7%
Devon	13%
Diepsloot	14%
Dukatole	17%
Langaville	21%
Lanseria	7%
Ratanda	29%
Rooiport	12%
Sicelo	10%
Zevenfontein	12%
All	13%

Table 25: Proportion of respondents aware of AIDS orphans in community, by area

Thirteen percent of the respondents in the survey said they were aware of children (below the age of 18) who had been orphaned due to HIV/AIDS in their communities.

- This response was again significantly more likely in Ratanda (29%) and Langaville (21%), and again much less likely in Bronkhorstspuit (7%).
- Respondents with standard 9 and higher levels of education were also again more likely to say they knew of AIDS orphans in their community (17%) than those with lower levels of education.

Age	%
12-17	10%
18-23	10%
24-35	15%
36-50	16%
51 and older	14%
All	13%

Table 26: Proportion of respondents aware of AIDS orphans in community, by age

- Gender and age of the respondents had no impact on the answers to this question.

# Orphans	%
1-2	56
3-4	30
5 or more	13
Total	100

Table 27: Number of AIDS orphans in community (N=176)

Respondents who said that they were aware of AIDS orphans in their communities were then asked of how many they knew.

- The average number of AIDS orphans mentioned was 4, but this was mainly due to two very high outliers (60 and 98).
- The median was only 2, while the most frequent answer was 1.
- The majority of respondents said they only knew of 1 or 2 AIDS orphans living in their community, and 35% only knew of one.
- This might mean that the number of AIDS orphans in the surveyed areas is relatively small, but could also mean that respondents were simply not very aware of them.
- Neither area, sex, education or age had any statistically significant impact on responses to this question.

HIV/AIDS within family

Area	Yes
Bronkhorstspuit	7%
Devon	7%
Diepsloot	15%
Dukatole	15%
Langaville	20%
Lanseria	8%
Ratanda	27%
Rooiport	11%
Sicelo	6%
Zevenfontein	8%
All	12%

Table 28: Proportion of respondents who had an HIV/AIDS related death in the family, by area

Twelve percent of all respondents in the survey also said that somebody in their own family had died as a result of HIV/AIDS.

- This response was significantly more likely in Ratanda (27%) and Langaville (20%), but significantly less likely in Sicelo (6%) and Bronkhorstspuit (7%).
- Sex and education level of the respondent had no influence on the answers to this question.

Age	%
12-17	7%
18-23	13%
24-35	13%
36-50	14%
51 and older	5%
All	12%

Table 29: Proportion of respondents who had an HIV/AIDS related death in the family, by age

- Respondents over the age of 50 were significantly less likely to say that they had an HIV/AIDS related death in the family (5%) than younger respondents. However, they might have been simply less aware of the causes of death in the family.

Care in the community

Area	%
Bronkhorstspuit	4%
Devon	10%
Diepsloot	9%
Dukatole	10%
Langaville	6%
Lanseria	7%
Ratanda	29%
Rooiport	12%
Sicelo	6%
Zevenfontein	29%
All	9%

Table 30: Proportion of respondents who know of a place/person caring for HIV/AIDS sufferers, by area⁴

Despite relative high levels of awareness of HIV/AIDS sufferers in their communities and HIV/AIDS related deaths in their own families, only 9% of respondents said that they knew of a place or person in their community which helped and cared for people with HIV/AIDS.

- Respondents in Ratanda (29%) and, surprisingly, Zevenfontein (29%) were significantly more likely to say that they knew of such a place or person, while respondents in Bronkhorstspuit were less likely than those from other areas to know of such a service.
- Education levels obviously had some influence on knowledge though, since those with standard 9 or higher were considerably more likely to know of a place or person caring for HIV/AIDS sufferers (13%) than those with no (5%) or only primary (6%) education.

⁴ For complete list of places or persons mentioned please see Table 31.

Places/persons who help people with HIV/AIDS

Place / person	Count
LANGAVILLE	
LOCAL CLINIC	2
DAC	1
ISAAC IN TSAKANE FORMED RED CROSS	1
KWA THEMA A LECTURE	1
KWA THEMA SPRINGS	1
TSAKANE AT VERGENOEG	1
RATANDA	
IKHONO CARE GROUP	5
LOCAL CLINIC	3
DOESNT KNOW THE NAME OF THE PERSON	1
MARIA PHALA RATANDA MDN OFFICE	1
DIEPSLOOT	
AT THE LOCAL CLINIC	8
CARE FOR PEOPLE LIVING WITH AIDS	1
FOURWAY PETER	1
GOGO (NO 4 DIEPSLOOT SQUATTER CAMP)	1
KWA ZULU NATAL	1
MPO (NO 5 DIEPSLOOT SQUATTER CAMP)	1
MR & MRS GREEN CHURCH RHEMA	1
SOCIAL WORKER IN THE SHELTER	1
SONTO DIEPSLOOT EXTENSION 2	1
TSHEPO	1
ZEVENFONTEIN	
WITKOPPEN	7
JENNIFER MBUSHE	2
WITKOPPEN CLINIC	1
BOCHUM	1
HOME VISIT ARE DONE	1
IN BRAKPAN	1
PINKY NCIKANE BLOCK E	1
SOWETO MAGGY & MARTHA	1
UNIVERSAL CHURCH	1
ZEVENFONTEIN HOME BASED CARE JENIFFER	1

DUKATOLE	
LOCAL CLINIC	6
AT LOCAL CLINIC & KNIGHTS HOSPITAL	1
HOSPITAL	1
BRONKHORSTPRUIT	
SIZANANI CARE CENTRE	4
MR MABENA	1
MRS MAKHOPEKA AT HER HOUSE	1
VALSFONTEIN	1
WOLWENKOP MHAUDZE	1
DEVON	
LOCAL CLINIC	2
MRS B MOKOENA	2
SIBONGILE MOKOENA	1
ALLETTA NKOSI SOCIAL WORKER	1
YOUTH GROUP WHICH IS DEALING WITH AIDS	1
ROOIPORT	
SYBRAND HOSPITAL	4
CLINIC AT CARLETONVILLE	2
EDURA	2
AUSMOTOTO AND MMIMI THROUGH THE CLINIC	1
BATSWANAS PLACE KHUTSONG	1
CARE CENTRE	1
CHURCH	1
HEMOCARE IN KHUTSONG	1
KLERKSDORP	1
MABOE OUMAKIE SANCA AIDS SUPPORT GROUP SIZIWE NCUB	1
MOHANING CARE CENTRE	1
MOTHUSA MPIOLO EAST CLINIC SANCA PEET COUNSELLORS	1
MR MFILOA WORKS AT THE MINE	1
MS MBELA 1691 EXT 4 KHUTSONG	1
WEST CLINIC KHUTSONG	1
SICELO	
LOCAL CLINIC	4
CENTRE NEXT TO BENONI	1
DUNCANVILLE HOSPITAL	1
HENEMAN PULENG	1

LANSERIA	
BLOUBOSRAND SURGERY	2
DIEPSLOT CLINIC	2
SOPHIE DIEPSLOOT COMMUNITY GARDEN	2
GOVERNMENT PLACE	1
MAYFORD	1
SOS RENOS NELSPRUIT	1

Table 31. Places/persons caring for people with HIV/AIDS

ATTITUDES TOWARDS HIV/AIDS

Respondents were asked a series of questions regarding their attitudes towards HIV and AIDS, including questions about disclosure of HIV positive status, whether they would be willing to care for people living with HIV/AIDS, and what they believe is the best way to care for orphans from HIV/AIDS.

Should people tell others when they are HIV positive?

- Among all respondents, four fifths agreed that people should disclose their HIV positive status. There were no significant differences between men and women, or between people in different age groups, or with different education levels.

Area	%
Bronkhorstspuit	64%
Devon	71%
Diepsloot	86%
Dukatole	70%
Langaville	83%
Lanseria	85%
Ratanda	93%
Rooiport	81%
Sicelo	85%
Zevenfontein	80%
All	79%

Table 32: Proportion of respondents who think people should disclose their HIV/AIDS status, by area

- Respondents in Ratanda and Diepsloot were significantly more likely to be in favour of people disclosing their HIV positive status than respondents in the other sites. Bronkhorstspuit respondents were significantly less likely to agree that people who are HIV positive should disclose this, with fewer than two thirds of respondents saying that people with AIDS should tell others.

	%
To receive help	34
To make other people more aware of disease	34
To prevent infection of other people	29
It's a killer disease	4
Total	100

Table 33: Why should people tell others when they are HIV positive or have AIDS?

- When asked why people should disclose their HIV positive status, approximately a third mentioned each of the following reasons: to receive help, to increase awareness of the disease, and to prevent other people from becoming infected. There were no significant differences between the responses of men and women, people with different levels of education, or between the different sites.

Would you disclose your own HIV positive status?

When respondents were asked whether people should disclose the fact that they have AIDS, 79% said that they should. Respondents were also asked, were they to be HIV positive or have AIDS, whether they personally would disclose this fact to others. Among all respondents, a similar proportion (82%) said that they would tell others that they are HIV positive or have AIDS. There were no significant differences in the responses of men and women.

Area	%
Bronkhorstspuit	71%
Devon	77%
Diepsloot	89%
Dukatole	74%
Langaville	86%
Lanseria	82%
Ratanda	95%
Rooiport	83%
Sicelo	87%
Zevenfontein	76%
All	82%

Table 34: Proportion of respondents who would disclose their own HIV/AIDS status, by area

- There were some differences in the response from people in the different sites. Respondents in Ratanda and Diepsloot were again significantly more likely to say that they would disclose their HIV positive status, while respondents in Bronkhorstspuit were significantly less likely to do so.

Age	%
12-17	83%
18-23	83%
24-35	83%
36-50	82%
51 and older	71%
All	82%

Table 35: Proportion of respondents who would disclose their own HIV/AIDS status, by age

- While respondents in most age categories said that they would tell others if they had HIV/AIDS, respondents over the age of 51 were significantly less likely to do so.

Education	%
None	72%
Primary	86%
Std 6-8	83%
Std 9 or higher	82%
All	82%

Table 36: Proportion of respondents who would disclose their own HIV/AIDS status, by education

- While 82% of all respondents said that they would disclose their HIV positive status, respondents with no formal schooling were significantly less likely to say that they would tell others, compared to respondents with primary or higher education.
- Respondents who believe that people generally should disclose their HIV positive status were significantly more likely to disclose their own HIV positive status. Of the 79% of respondents who said that people should tell others that they have AIDS, 88% said that they would disclose their own HIV positive status.

Would you care for a person living with HIV/AIDS?

- The majority (85%) of respondents said that they would care for a person living with HIV/AIDS. There were no significant differences among respondents in the different areas, or among men and women.

Age	%
12-17	87%
18-23	87%
24-35	88%
36-50	85%
51 and older	72%
All	85%

Table 37: Proportion of respondents who would care for someone with HIV/AIDS, by age

- Respondents over the age of 51 were significantly less likely to say that they would care for someone with HIV/AIDS, which is not surprising considering that respondents in this age group are likely to begin requiring care themselves as they get older.

Education	%
None	73%
Primary	85%
Std 6-8	87%
Std 9 or higher	91%
All	86%

Table 38: Proportion of respondents who would care for someone with HIV/AIDS, by education

- Respondents with no formal education were significantly less likely to say that they would be willing to care for a person living with AIDS, while those with Std 9 or higher were significantly more likely to be willing to care for an AIDS sufferer. This could reflect the fact that people with more education are better informed about the disease, are less afraid of it and therefore more willing to have contact with someone living with AIDS.

	%
All sick people need care, we must love and support them	52
They are human, a person with AIDS is still my friend/part of the community	31
You cannot get infected by caring for a person, only through sex and blood	12
Because anybody can get AIDS, including me	5
Total	100

Table 39: Reason respondent would care for someone with HIV/AIDS (N=963)

- When asked why they would be willing to care for a person living with HIV/AIDS, most people said that people living with HIV/AIDS should be treated like any other sick person, and be given the care and support they require. They should not be discriminated against just because they have HIV/AIDS.

Would you care for your relative living with HIV/AIDS?

- Respondents were asked whether they would care for ‘a person’ living with HIV/AIDS, and then the question was made more personal by asking whether they would care for one of their relatives living with HIV/AIDS. While most (85%) of respondents said that they would be willing to care for a person with HIV/AIDS, even more (90%) would be willing to care for a relative with HIV/AIDS. There were no significant differences in the responses to this question by men and women.
- Of the 90% of respondents who said that they would be willing to care for a relative with HIV/AIDS, 97% would be willing to care for a person (not related) who has HIV/AIDS. Thus if respondents said that they would be willing to care for a person living with HIV/AIDS, one could be 97% sure that they would care for their relative with HIV/AIDS. This means people who are willing to care for a relative are significantly more likely to be willing to care for people in general who have HIV/AIDS.

Area	%
Bronkhorstspuit	87%
Devon	90%
Diepsloot	91%
Dukatole	85%
Langaville	95%
Lanseria	90%
Ratanda	82%
Rooiport	87%
Sicelo	90%
Zevenfontein	97%
All	90%

Table 40: Proportion of respondents who would care for a relative with HIV/AIDS, by area

- Langaville respondents were significantly more likely to be willing to care for a relative living with HIV/AIDS, while the responses from the rest of the sites indicated similar levels of willingness to care for a sick relative.

Age	%
12-17	88%
18-23	93%
24-35	92%
36-50	89%
51 and older	80%
All	90%

Table 41: Proportion of respondents who would care for a relative with HIV/AIDS, by age

- Again, respondents over the age of 51 were significantly less likely to be willing to care for a relative living with HIV/AIDS, while those between the ages of 18 and 23 were significantly more likely to say that they would care for a relative.

Education	%
None	80%
Primary	89%
Std 6-8	91%
Std 9 or higher	95%
All	90%

Table 42: Proportion of respondents who would care for a relative with HIV/AIDS, by education

- The level of education of respondents had an impact on their willingness to care for a relative living with HIV/AIDS. Respondents with no formal schooling were significantly less likely,

and those with Std 9 or higher education significantly more likely, to care for a relative with HIV/AIDS.

How should orphans from HIV/AIDS be cared for?

There was clearly some confusion among respondents about the concept of ‘AIDS orphans’. Many respondents seemed to understand ‘AIDS orphans’ to mean children who have AIDS. The term ‘orphans from HIV/AIDS’ does not necessarily imply that the children will have AIDS themselves, although they may. Many people, however, said that the best way to care for AIDS orphans would be in hospital, indicating that they understood the term to mean the children themselves are ill.

	%
AIDS orphans should be cared for in an orphanage	47
AIDS orphans should be cared for at a relative's home.	27
AIDS orphans should be cared for in another way.	16
AIDS orphans should be cared for in late parents' home on own.	14
AIDS orphans should be cared for at a neighbour's house.	3

Table 43: In your opinion, how should orphans from HIV/AIDS be cared for?⁵

- Around half of the respondents favoured the option of orphans being cared for in an orphanage. There were no significant differences in the responses of men and women, apart from the fact that women were more likely than men to suggest that orphans be cared for in their late parents’ home (15% of women advocated this option as opposed to 11% of men). There were significant differences in the responses from the ten different areas:

Area	%
Bronkhorstspuit	15
Devon	28
Diepsloot	19
Dukatole	13
Langaville	11
Lanseria	2
Ratanda	12
Rooiport	14
Sicelo	18
Zevenfontein	4
All	14

Table 44: Proportion of respondents who believe AIDS orphans should be cared for in late parents’ home on their own, by area

⁵ Figures do not add up to 100 because it was a multiple response question.

- Devon and Diepsloot respondents were significantly more likely to suggest that orphans should be cared for in their late parents' home, while respondents in Lanseria and Zevenfontein were significantly less likely to choose this option.

Area	%
Bronkhorstspuit	29
Devon	42
Diepsloot	56
Dukatole	51
Ratanda	70
Rooiport	47
Langaville	46
Lanseria	41
Sicelo	66
Zevenfontein	51
All	47%

Table 45: Proportion of respondents who believe AIDS orphans should be cared for in an orphanage, by area

- The proportion of respondents who thought an orphanage is the best way to care for orphans from HIV/AIDS varied considerably between the different sites. Ratanda, Sicelo and Diepsloot respondents were significantly more likely to choose this option, while Bronkhorstspuit respondents were significantly less likely to choose the option of an orphanage.

	%
Langaville	40
Zevenfontein	37
Bronkhorstspuit	30
Dukatole	29
Rooiport	29
Lanseria	25
Sicelo	20
Ratanda	19
Diepsloot	19
Devon	19
All	27

Table 46: Proportion of respondents who believe AIDS orphans should be cared for at a relative's home, by area

- The proportion of respondents who said that orphans should be cared for at a relative's house also varied considerably from site to site, from a fifth of respondents in Ratanda, Diepsloot and Devon to two fifths in Langaville.

Age	...in an orphanage	...at a relative's home	...in late parents' home on their own.
12 to 17	38%	37%	9%
18-23	44%	27%	16%
24-35	56%	28%	10%
36-50	47%	25%	17%
51 and older	41%	21%	17%
All	47%	27%	14%

Table 47: AIDS orphans should be cared for..., by age

- There were significant differences in the responses to this question by the different age groups. Respondents between the ages of 12-17, and 24-35, were significantly less likely to suggest orphans should be cared for in their late parents' home, while those between 36-50 were more likely to suggest this option.
- Respondents between 12-17 were significantly less likely to suggest an orphanage, and those between 24-35 significantly more likely.
- Respondents between 12-17 were significantly more likely to say that orphans should be cared for at a relative's home.

	%
Government, Welfare, Grants, AIDS shelter	26
Wherever they can get support and love	20
Family, adoption	18
Community to work together, take responsibility, ubuntu	18
Depends on individual circumstances	14
Hospital, doctor	3
Friends or other good people	2
Total	100

Table 48: If you think orphans should be cared for in another way, how? N=250

Sixteen percent of respondents suggested an alternative way to care for orphans to those mentioned above.

- A quarter of these respondents believed that orphans from HIV/AIDS were the government's responsibility, and said that the government needs to take care of orphans. Some suggested that government should provide grants for their support, or put orphans in AIDS shelters.

CONCLUSION

Sample of respondents

While not representative, the findings from this survey nevertheless provide some useful information about the level of HIV/AIDS knowledge in some of the communities in Gauteng, and also about people's attitudes towards HIV/AIDS and the care of people living with HIV/AIDS.

The majority of respondents were younger than 35. In the fight against HIV/AIDS, it is crucial to target this age group, and it is encouraging to see the high proportion of people in this age group who were sufficiently interested in health and social services issues to attend the Social Services Activities. However, this age group is also probably more likely to be aware of issues around HIV/AIDS than older respondents, which could explain the relatively good knowledge about HIV/AIDS expressed in the opinion questions. The level of knowledge could possibly have been poorer if the sample had included a larger proportion of elderly respondents.

The fact that two thirds of the respondents were female indicates that activities such as the Social Services Awareness campaign are more likely to reach women than men. The reason for this could be that a higher proportion of men were at work during the day when the activities took place, but it could also indicate a higher level of interest and concern among women which prompted them to attend the day-long activities. Future interventions by the Department will need to investigate ways to reach a higher proportion of men living in the community.

Knowledge of HIV/AIDS

The gender and education of respondents had an impact on whether they knew about HIV/AIDS or not, with levels of awareness being higher among women than men, and among those who had a measure of formal schooling as opposed to those with no formal education.

The majority of respondents mentioned the media as being their main source of information about HIV/AIDS, and this is clearly a successful medium of communication for the Department to use in future awareness interventions. This was especially true for respondents between the ages of 24 and 50, while only around half of respondents younger than 18 said that the media was a good source of information about HIV/AIDS. Many of these younger respondents said that they have learned most about HIV/AIDS from their schools. This illustrates the important role that schools can play in raising awareness about HIV/AIDS among young people.

The impact of HIV/AIDS awareness initiatives can be seen when respondents were asked what they did with the information they received about HIV/AIDS. The majority of respondents passed the information on to others – through speaking to their friends, children or family. It is

encouraging to see that more than a third of respondents changed their sexual behaviour or started using a condom as a result of learning about HIV/AIDS.

Among all respondents, 20% said that they knew of somebody in their community who is living with HIV/AIDS, and 13% said that they know of children orphaned by HIV/AIDS. Twelve percent of all respondents had had an HIV/AIDS-related death in their family. These would be interesting questions for the Department to include in future surveys in order to monitor any changes in these proportions over time, and because these figures could help to assess people's perceptions of the prevalence of HIV/AIDS and the problem of HIV/AIDS orphans.

Only 9% of respondents knew of a place or person in their community that provides assistance to people living with HIV/AIDS. This is also an area on which the Department can focus – working to increase the number of service organisations, and publicising the existing sources of help for people living with HIV/AIDS.

Attitudes towards HIV/AIDS

It is encouraging to see that almost 80% of respondents agree that people should disclose their HIV/AIDS status, and 82% said that they personally would disclose their own HIV positive status. These figures should be treated with caution, however, because people *saying* that they would disclose their status if infected does not necessarily mean that they *would* disclose this information. Also, the type of respondent – people who chose to attend these activities – will also have skewed this response. Nevertheless, these figures indicate that people are probably beginning to acknowledge the seriousness of the disease and the necessity to seek help, and could also suggest that being HIV positive is starting to become less of a social stigma. This is very important if the spread of HIV/AIDS is to be curbed and the treatment of AIDS related diseases promoted.

Respondents with no formal education were significantly less likely to be willing to disclose their HIV/AIDS status or to be willing to care for someone living with HIV/AIDS. This illustrates how important education initiatives and specifically HIV/AIDS education campaigns are.

A positive finding from the survey was that the vast majority of respondents said that they would be willing to care for someone living with HIV/AIDS. This is encouraging because of the likelihood that much of the care of people living with HIV/AIDS in the future could be home-based, relying heavily on the community. Again, this response is probably skewed by the type of respondent interviewed – those sufficiently interested in issues around HIV/AIDS to attend the activities. Also, the fact that respondents *said* they would care for people living with HIV/AIDS does not necessarily mean that they *would*. Generally, respondents said that they would care for people living with HIV/AIDS because 'all sick people need care' and 'they are still part of the community' even though they have AIDS. While these are good reasons, only 12% specifically

mentioned the fact that they know that they cannot become infected by caring for a person with HIV/AIDS, and this could be another area on which the Department could focus in future interventions.

When asked how to care for HIV/AIDS orphans, the options mentioned most frequently by respondents were 'in an orphanage' and 'by a relative'. While relatively few respondents have had contact with HIV/AIDS orphans, this will be one of the crucial issues to deal with in the future, and it is interesting to get a basic idea of people's opinions about what the best options will be.